FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703319** **(4)**

1. Corporation Name
CLUB 61 INC

Principal Place of Business	Mailing Address
1613 W. MAXWELL ST 1009 N K ST PENSACOLA FL 32501 US	P O BOX 17733 1009 N K ST PENSACOLA FL 32522 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1961**
3a. Date of Last Report: **06/02/1994**
4. FEI Number: **59-1421055** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 1015 N. K ST. PENSACOLA, FL. 32501
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23: PENSACOLA, FLA.
City & State 28:
Zip 24: 32501 Country 25: E-SCAMBIA
Zip 29: Country 30:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STANFIELD, WILLIE H., JR.
1009 N "K" STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMD	11 TITLE	☐ Change ☐ Addition
NAME	STANFIELD, WILLIE H. JR	12 NAME	
STREET ADDRESS	1009 N. K. ST.	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	TMD	21 TITLE	☐ Change ☐ Addition
NAME	MINOR EMMA R.	22 NAME	
STREET ADDRESS	116 WARWICK AVE	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	VM	31 TITLE	☐ Change ☐ Addition
NAME	SINKFIELD, WILLIAM M. JR.	32 NAME	
STREET ADDRESS	1209 W BOBE ST	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE	SM	41 TITLE	☐ Change ☐ Addition
NAME	SPENCER, ANNIE MAE	42 NAME	
STREET ADDRESS	56 PAGE ST	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMALL, WILLIE JR.	52 NAME	
STREET ADDRESS	1808 BOBE ST.	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PMD Willie H. Stanfield Jr. Willie H. Stanfield JR. 5-1-95 904-433-8767
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

007 1408